

# Perceptions of Contraceptives Among Women in Jordan

*A Projective Study*

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## EXECUTIVE SUMMARY

Commercial Market Strategies Jordan (CMS/Jordan) works with the private and commercial sectors to increase access to reproductive and primary health care and improve the quality of reproductive and primary health care products.

The image consumers have of a service or product influences their willingness to adopt the product and use it, yet the image of contraceptives among consumers is not well understood. In preparation for a new marketing campaign for contraceptives, CMS/Jordan recently conducted research into Jordanian women's perceptions of different methods of family planning. Building on the results of this study, CMS/Jordan is designing a media campaign that addresses specific concerns women have about contraception and builds on their positive impressions to promote contraceptive use.

### Methodology

The research reported here employed a projective technique, an indirect form of questioning that explores respondents' underlying feelings and beliefs by asking them to interpret the behavior of other people, rather than to talk about themselves. Projective research is designed to elicit opinions, values, and emotions people would be unwilling or unable to share if they were questioned more directly. It is particularly useful when the issues addressed are private, sensitive, or subject to strong social constraints, or when people's attitudes toward them are largely subconscious.

The Market Research Organization, a local firm hired by CMS/Jordan to implement this study, recruited a sample of 135 women, 20 to 44 years old, and divided them into three subsamples matched by age, social class, geographic region, and familiarity with a range of contraceptive methods. The interviews were conducted individually, in the respondents' homes.

Each participant in the study was asked to read the brief medical record of a fictitious 31-year-old woman with three children. Only one piece of information differed in the records shown to the respondents in each subsample: the fictitious woman's method of contraception. One subsample (44 women) read that the woman used voluntary surgical contraception; one (46 women), that she used the rhythm method; and one (45 women), that she used an IUD.

After she finished reading the medical record, each respondent was asked open-ended questions about her perceptions of the woman in the medical record, for example, "What is your impression of this woman? What kind of wife and mother do you think she is?" The respondent was then asked to state her degree of agreement with a series of statements about the woman, for example, "She is a modern woman."

## **Results**

The answers respondents gave to these questions differed significantly, depending on which brief medical record they had read or, more specifically, depending on which method of contraception was mentioned in the record they read, as this was the only variable among the records. The respondents' impressions reveal their different ideas about, or emotional responses to, these methods. Indeed, it is striking that choice of contraceptive has such a measurable impact on the respondents' perceptions.

### **Voluntary surgical contraception**

The picture drawn of the woman who used VSC was largely negative. Comments made about her were more often negative than positive. Some respondents saw her as uneducated, unaware of the consequences of her decision, in poor health although the record they read does not support this view or indifferent to her family and husband.

Women also searched for an explanation for her adoption of VSC, again speculating that she was in poor health, or lived in poverty.

### **Rhythm method**

Respondents regarded the rhythm method as old-fashioned and unreliable. They described the woman who had adopted this method as a decent person, but out of the mainstream.

The user of the rhythm method was also seen as taking risks because she used an unreliable form of contraception and, at the same time, as being traditional because she had not changed her way of life and adopted a modern method. Respondents described her husband as less concerned with taking care of his family's future than the husbands whose fictional wives used the other contraceptives.

### **Intrauterine device**

The IUD user was well regarded by respondents. Positive statements about her outnumbered negative remarks by a multiple of nearly six. She was seen as a modern woman who cared for her children and had a good relationship with her husband.

The woman who chose the IUD was also described as having a stable family life and as being well educated, aware of what was going on around her, and a valued member of society.

Interestingly, although respondents described the IUD user as modern, there were also indications that they considered this method to be well tried and tested by now, so that they could see this woman as conservative, rather than someone who took risks.

## Implications

The projective technique worked well and generated information about women's perceptions of the IUD, the rhythm method, and sterilization. In light of this success, it was important that the study quickly be extended to cover oral contraceptives and condoms.

Other insights into increasing understanding and acceptance of reliable contraception in Jordan gained from the study include the following:

- Women associate contraception with caring for their families, especially for their families' standard of living. This is a strong positive value that can be capitalized upon in developing communications messages and images.
- IUD users were perceived as embodying many virtues relevant to women's several roles in society. Education and social marketing campaigns can cast these women as people who aspire to improve their lives and communities.
- A traditional method is used not out of attachment to tradition, but at least in part out of doubts about side effects and other health related effects associated with modern methods of contraception. Tradition is not, in itself, valued when it comes to contraception. Knowing this can help simplify efforts to introduce modern contraceptives to users of traditional methods.
- Although VSC has been well accepted in some other Moslem societies, it is stigmatized in Jordan. A well thought out campaign to remove this stigma would serve the women who have adopted VSC and hasten progress toward making VSC a viable alternative for couples who wish to choose it.

## RESEARCH DESIGN

### Projective Research

The Commercial Market Strategies Project in Jordan (CMS/Jordan) seeks to improve women's reproductive health in cooperation with private commercial health care providers. CMS/Jordan is preparing to launch an extensive campaign of education and mass media promotion designed to encourage adoption of modern contraception. Key to this campaign is a better understanding of how Jordanian women—both current and prospective users of contraception—perceive contraceptive methods. The purpose of this study was to explore Jordanian women's thoughts about three different methods of contraception.

Because contraception is a sensitive, personal issue, CMS/Jordan chose to conduct a projective study. Projective research lessens the likelihood that respondents will offer only socially acceptable answers to survey questions, or answers that reflect what they think the interviewer wants or expects to hear. In this study, a sample of 135 women was shown the simplified medical record of a fictitious woman. Respondents were then asked to describe the woman based entirely on the meager information imparted by the record.

In fact, there were three medical records, each shown to a subsample of respondents. The records differed only in the contraceptive method adopted. One record contained the entry, Contraception. Selected IUD. Another showed that the woman had selected voluntary sterilization; and the last, that she used the rhythm method.

Below are replicas of the three medical records used in the survey.

#### Rhythm method

Name \_\_\_\_\_ Age 31 Sex F  
Marital status M Address \_\_\_\_\_  
Children 3  
8/15/94 Antenatal check - BP 142/77, pulse 75, wt. 62 kg, tetanus toxoid.  
9/29/94 Antenatal check - BP 139/73, pulse 78, wt. 64 kg.  
11/14/94 Normal delivery, girl, 3.11 kg.  
11/26/94 Postnatal check. Normal.  
4/2/95 Contraception. Selected rhythm or counting method.  
9/22/96 Fever, aches. Flu. Prescribe panadol.  
4/14/98 Rash on right arm. Prescribe ointment.  
3/1/00 Mild eye infection. Prescribe ointment.



## IUD

Name \_\_\_\_\_ Age 31 Sex F  
Marital status M Address \_\_\_\_\_  
Children 3  
8/15/94 Antenatal check - BP 142/77, pulse 75, wt. 62 kg, tetanus toxoid.  
9/29/94 Antenatal check - BP 139/73, pulse 78, wt. 64 kg.  
11/14/94 Normal delivery, girl, 3.11 kg.  
11/26/94 Postnatal check. Normal.  
4/2/95 Contraception. Selected an IUD.  
9/22/96 Fever, aches. Flu. Prescribe panadol.  
4/14/98 Rash on right arm. Prescribe ointment.  
3/1/00 Mild eye infection. Prescribe ointment.

## Sterilization

Name \_\_\_\_\_ Age 31 Sex F  
Marital status M Address \_\_\_\_\_  
Children 3  
8/15/94 Antenatal check - BP 142/77, pulse 75, wt. 62 kg, tetanus toxoid.  
9/29/94 Antenatal check - BP 139/73, pulse 78, wt. 64 kg.  
11/14/94 Normal delivery, girl, 3.11 kg.  
11/26/94 Postnatal check. Normal.  
4/2/95 Contraception. Selected sterilization by tubal ligation.  
9/22/96 Fever, aches. Flu. Prescribe panadol.  
4/14/98 Rash on right arm. Prescribe ointment.  
3/1/00 Mild eye infection. Prescribe ointment.

Each participant in the study was shown one of these medical records, then asked to describe the woman and to comment on her marriage, her life style, and her social position, insofar as these things could be deduced from the record. Any differences in the descriptions and the judgments would be attributable to the only variable the choice of contraception. Forty-five respondents viewed the IUD adopter's medical record, 46 the rhythm method record, and 44 to the VSC adopter's record (N=135). Interviews were conducted individually, in the respondents' homes.

## Sample

The three subsamples were matched on age, socio-economic status, and contraceptive use. Table 1 illustrates that, in terms of basic socio-demographic characteristics, the subsamples were similar. At the end of each interview the respondent was asked about her awareness of different contraceptive methods and whether she had ever used them. Table 2 shows that the three subsamples were similar in the distribution on these variables and consistent with their general distribution in the population as reported in national surveys.

**Table 1. Socio-demographics of the sample**

| <b>Sample</b> | <b>IUD</b> | <b>Rhythm</b> | <b>VSC</b> |
|---------------|------------|---------------|------------|
| <b>N</b>      | <b>45</b>  | <b>46</b>     | <b>44</b>  |
| <b>Age</b>    | <b>%</b>   | <b>%</b>      | <b>%</b>   |
| 20 — 24       | 20         | 20            | 20         |
| 25 — 29       | 17         | 22            | 20         |
| 30 — 34       | 22         | 22            | 18         |
| 35 — 39       | 20         | 19            | 21         |
| 40 — 44       | 20         | 17            | 21         |
| Total         | 100        | 100           | 100        |

| <b>Sample</b>       | <b>IUD</b> | <b>Rhythm</b> | <b>VSC</b> |
|---------------------|------------|---------------|------------|
| <b>N</b>            | <b>45</b>  | <b>46</b>     | <b>44</b>  |
| <b>Social class</b> | <b>%</b>   | <b>%</b>      | <b>%</b>   |
| Upper-middle        | 33         | 33            | 34         |
| Lower-middle        | 34         | 35            | 34         |
| Poor                | 33         | 32            | 32         |
| Total               | 100        | 100           | 100        |

| <b>Sample</b> | <b>IUD</b> | <b>Rhythm</b> | <b>VSC</b> |
|---------------|------------|---------------|------------|
| <b>N</b>      | <b>45</b>  | <b>46</b>     | <b>44</b>  |
| <b>Area</b>   | <b>%</b>   | <b>%</b>      | <b>%</b>   |
| Amman         | 49         | 48            | 50         |
| Irbid         | 29         | 28            | 30         |
| Karak         | 22         | 24            | 20         |
| Total         | 100        | 100           | 100        |

**Table 2. Sample's experience and awareness of contraceptive methods**

| <b>Sample</b>    | <b>IUD</b> | <b>Rhythm</b> | <b>VSC</b> |
|------------------|------------|---------------|------------|
| <b>N</b>         | <b>45</b>  | <b>46</b>     | <b>44</b>  |
| <b>Ever used</b> | <b>%</b>   | <b>%</b>      | <b>%</b>   |
| IUD              | 36         | 35            | 34         |
| Combined pill    | 24         | 17            | 23         |
| Breast feeding   | 24         | 20            | 32         |
| Withdrawal       | 20         | 22            | 16         |
| Rhythm           | 16         | 17            | 18         |
| Condom           | 11         | 15            | 9          |
| Progestin pill   | 7          | 9             | 16         |
| Norplant         | -          | -             | 2          |
| Vaginal tablets  | 4          | 4             | 7          |
| Injectables      | 4          | 2             | 5          |
| Sterilization    | 2          | -             | 2          |
| None             | 9          | 15            | 7          |

| Sample          | IUD | Rhythm | VSC |
|-----------------|-----|--------|-----|
| N               | 45  | 46     | 44  |
| Awareness       | %   | %      | %   |
| IUD             | 100 | 93     | 98  |
| Combined pill   | 91  | 74     | 86  |
| Breast feeding  | 82  | 78     | 77  |
| Condom          | 80  | 80     | 68  |
| Rhythm          | 78  | 87     | 70  |
| Withdrawal      | 78  | 85     | 70  |
| Progestin pill  | 73  | 72     | 68  |
| Injectables     | 73  | 76     | 77  |
| Vaginal tablets | 64  | 72     | 59  |
| Norplant        | 36  | 33     | 50  |
| Sterilization   | 11  | 20     | 27  |

## Interviews

The medical record was introduced to each respondent as follows:

*It is sometimes said that we can learn a lot about a person from that person's health. For example, if they get certain diseases often, we might think they have a stressful job or worry a lot. I'm going to show you the medical record of a woman and ask you to describe what kind of person you think she might be. Here's the record. Take your time studying it and then tell me your impressions of this woman. I would be happy to explain any terms on the record. I will be tape-recording your idea.*

After the respondent had studied the medical record and made her initial comments, she was asked the following open-ended questions about the woman:

*What kind of family life do you think she has?*

*What kind of wife and mother is she?*

*What kind of person is she in the community?*

*Do you think this is a person who takes risks, or is conservative?*

*Do you think this is a modern or traditional person?*

*How well does this mother care for the standard of living of her family?*

*Could you say anything about this woman's husband?*

*If you could ask this woman a question, what would it be?*

Following the open-ended questions, each respondent was asked to indicate the degree to which she agreed or disagreed with a number of statements about the woman in the medical record. The interview script reads:

*Thank you for answering these questions so fully. It has been very helpful.*

*Finally I would like you to indicate how much you agree or disagree with these statements that other women like yourself have made about the woman whose medical record we have examined.*

*Please tick one of these boxes on this small questionnaire to indicate how much you agree or disagree with each statement.*

*She is a modern woman.*

*She cares for her children very much*

*She has a good relationship with her husband.*

*She doesn't take risks with her family life.*

*She takes good care of the standard of living of her family.*

Seven boxes were available for her to mark, ranging from agree very much, through neither agree nor disagree, to strongly disagree. (This type of scale called a Likert scale, after its creator is easy for respondents to understand and simple for researchers to score.)

## Scoring

The scoring conventions were as follows: for the content analysis, the interviewer, research director, and research project director grouped answers according to their perceived similarity.

Agreement and disagreement with the closed-ended, Likert scale type statements were scored by multiplying the frequency of a response with the value shown in Table 3 for that response.

Table 4 provides an example of the scoring and calculation of the average score for a variable. Using data from the research, the score for the variable modern woman/IUD is derived. Eleven of the 45 women said they agreed very much with the statement, so the total for the first response category is 33. The sum of all scores for this variable is 64, which, when divided by the total number of respondents (45) yields the mean score for the variable  $64/45 = +1.42$ . The maximum score for a statement, signifying complete agreement, would be +3.0; the minimum, -3.0.

**Table 3. Scoring values for closed-ended statements**

|                            |     |
|----------------------------|-----|
| Agree very much            | '+3 |
| Agree quite a lot          | '+2 |
| Agree a little             | '+1 |
| Neither agree nor disagree | '0' |
| Disagree a little          | '-1 |
| Disagree quite a lot       | '-2 |
| Disagree very much         | '-3 |

**Table 4. Scoring example for closed-ended statements**

| IUD: 'She is a modern woman' | x   | F  | fx  |
|------------------------------|-----|----|-----|
| Agree very much              | '+3 | 11 | 33  |
| Agree quite a lot            | '+2 | 16 | 32  |
| Agree a little               | '+1 | 8  | 8   |
| Neither agree nor disagree   | '0  | 4  | 0   |
| Disagree a little            | '-1 | 3  | '-3 |
| Disagree quite a lot         | '-2 | 3  | '-6 |
| Disagree very much           | '-3 | -  | 0   |
| Total                        |     | 45 | 64  |

## RESULTS

The results from the research are presented here by working backward through the interview, from the closed-ended to the open-ended questions. While the greater value of the findings may lie in the spontaneous statements offered by the respondents when they finished reading the health record, presentation here is simplified by imposing the structure of the closed-ended questions, and then working back to the more projective answers.

### Closed-ended

The average response to each of the five closed-ended, Likert scale type statements is shown in Table 5.

**Table 5. Closed-ended, Likert scale type statements**

| Statements   | IUD  | Rhythm  | VSC    |
|--|------|---------|--------|
| She is a modern woman.'                                      | 1.42 | 0.54*   | 0.16** |
| She cares for her children.                                  | 2.07 | 1.80    | 1.45** |
| She has a good relationship with her husband.                | 1.87 | 1.72*** | 1.16** |
| She takes risks with her family life.                        | -0.2 | -0.37   | 1.11** |
| She takes good care of the standard of living of her family. | 1.76 | 1.46    | 1.52   |

\* Scores between IUD and rhythm method statistically different.

\*\* Scores between IUD and VSC statistically different.

\*\*\* Scores between rhythm method VSC statistically different.

To explain the table, on the score regarding perceptions of modernity, the IUD user is perceived as the most modern of the three. The score of 1.42 places the average response between agree a little and agree quite a lot. Response to the woman using the IUD was statistically different from responses to users of the other two methods.

It is instructive that the sterilized woman was seen overall as the least modern, the woman who cares least for her children, has the poorest relationship with her husband, and takes the greatest risks with her family life. On four of the five statements, the sterilized woman is at the low end of the scale, statistically more so than the IUD user, and on one question regarding her relationship with her husband she scores statistically lower than the traditional method user as well. Only on the question concerning care for the family's standard of living do women using the three methods score approximately the same.

At the other end of the scale, the IUD adopter is perceived as the most modern woman, the one who most cares for her children, enjoys the best relationship with her husband, is least willing to take risks with her family, and, although not to a statistically significant degree, takes the best care of her family. The rhythm method user falls between the other two method users.

A reminder of the methodology is in order. Respondents were not asked to make direct comparisons among these methods. Rather, they saw the health record of a woman who used one of the methods, and they based their assessments directly and only on that information.

## Open-ended

More than 2,000 statements were made by the respondents to the open-ended prompts, recorded by the interviewer, and assessed by the project team. These statements were grouped by similarity of response and, where appropriate, coded as approving or disapproving. Table 6 shows the number of approving and disapproving statements made about each user.

**Table 6. Number of approving and disapproving statements, by method**

| Method      | IUD | Rhythm | VSC |
|-------------|-----|--------|-----|
| Approval    | 609 | 435    | 212 |
| Disapproval | 105 | 179    | 304 |

The significance of these tabulations is difficult to escape. The IUD user was seen in a positive light. Approving statements about her outdistanced disapproving ones by a multiple of nearly six. The traditional method user fared generally positively, although considerably less so than the IUD user. The sterilized woman was seen in the most critical light. In fact, negative statements made about her outnumbered positive ones.

## VSC

Researchers did not anticipate the overwhelmingly negative reactions of the women who read the medical record of the VSC user. In response to the closed-ended statements, they described her as less modern, less concerned about the welfare of her children, not on as good terms with her husband, and running risks with her family life.

The largest difference, judging by the magnitude of statistical significance, concerns the risks this woman was seen running with her family life. This was supported by respondents' answers to the open-ended part of the interview, when they were asked if they had any questions they wished to ask the woman. Among the questions the respondents wanted to address to the VSC user were:

*Did it occur to you that your husband might marry somebody else now that you have been sterilized?*

*Did it occur to you that he might want more children in the future?*

There is a scolding tone to these questions, and over half of the respondents wanted the VSC adopter to justify her choice of method.

There was some acknowledgement that sterilization could reduce the threats to family life from poverty, too many children in the household, and the possible ill health of the mother caused by further pregnancies, but these factors were evidently overshadowed by the risks of opting for irreversible sterilization at the age of 31 with only three children in the family.

## **IUD**

Respondents pictured the user of an IUD as significantly more modern than the user of the rhythm method and VSC. The open-ended questions indicate that the concept of being modern is associated with being educated, competent, and well regarded in society – an altogether more positive image.

On the other four scales – caring for her children, having a good relationship with her husband, avoiding risks with her family life, and taking care of her family's standard of living – the IUD user is rated marginally more favorably than the rhythm method user, but the differences in the mean scores are not large enough to be statistically significant.

The consistency of the superior image of the IUD user does carry some significance in a practical sense. This positive image might be further developed through well thought out promotion of the method and the kind of woman who adopts it.

The questions respondents would put to the IUD user are in stark contrast with those for the VSC user. Whereas the most frequent questions put to the VSC adopter (52 percent) challenged her to justify her choice, the most common questions to the IUD adopter (40 percent) were instrumental, in effect, "How's it working out for you?"

## **Rhythm method**

The woman who used the rhythm method struck respondents as a somewhat old fashioned, but decent, person not fully committed to regulating her fertility. Her weakest areas were modernity – not surprising – and her place in with the community. The suggestion is that respondents saw the traditional method user as being a little out of step with other women. If this interpretation is accurate, it provides a useful basis for promoting modern contraceptives. The traditional method user was seen as having a good relationship with her husband, though, and as caring for her children.



## Prompted responses

Turning now to the interview by prompt, the responses of the three subsamples to the open-ended questions follow.

### **Please tell me your impression of this woman.**

The first prompt was the most general and required, perhaps, the greatest amount of projection. Fifty-eight percent of the women who saw the IUD user's record commented spontaneously that the IUD was a good family planning method. Twenty-two percent said the same for the rhythm method, and two percent for sterilization. (Note that two women among the respondents had been sterilized.)

There was some disapproval of the rhythm method and sterilization, with 20 percent and 34 percent, respectively, saying that the woman who chooses these methods is not fully aware of the consequences of her decision.

This immediate focusing on the method of contraception presaged the general pattern of responses. There was not one comment out of approximately 2,000 statements about the minor health problems shown on the three records. For example, it seems plausible that a respondent might have picked up on the rash and eye infection and speculated that the woman's occupation involved irritants; nothing like this happened. There were observations that the woman in the health record was prudent to seek preventive care—probably the antenatal visits—but these account for only 1 percent of the responses. Interestingly, no one made this positive comment about the VSC user. In fact, although the VSC user had an otherwise identical health record, she was pictured by four times as many respondents to suffer from ill health. Perhaps this perception is colored by the prevailing practice in Jordan of reserving sterilization for those women whose health would be endangered by further pregnancies.

One anomaly appears in Table 7. When asked to describe their initial impressions of the rhythm method user, respondents described her as modern or practical or well educated more often than they did the users of the other two methods. Yet later, when they were given a prompt to comment on tradition and modernity, few respondents volunteered that the rhythm method user was modern.

**Table 7. Impressions of fictitious woman, by contraceptive method**

| <b>Open-ended responses</b>                               | <b>IUD</b> | <b>Rhythm</b> | <b>VSC</b> |
|---|------------|---------------|------------|
| <b>N</b>  | <b>45</b>  | <b>46</b>     | <b>44</b>  |
|   | <b>%</b>   | <b>%</b>      | <b>%</b>   |
| <b>Approval</b>   |            |               |            |
| She cares for health/has regular check-ups.               | 58         | 48            | 18         |
| She chose a good family planning method.                  | 58         | 22            | 2          |
| She is modern/practical/well-educated.                    | 18         | 26            | 7          |
|   |            |               |            |
| <b>Disapproval</b>  |            |               |            |
| She has many health problems.                             | 16         | 13            | 52         |
| She is the worrying type.                                 | 9          | 9             | 27         |
| She is not fully aware of the consequences of her choice. | 9          | 20            | 34         |

A note on methodology: the range of responses to this, the most general prompt, was rather limited; researchers grouped the responses into only six categories. The respondents may have been influenced by the fact that the stimulus was a health record, for the bulk of the statements they made are related to health. Later, as other prompts were provided, the respondents began to project more broadly, but the references to health continue through the next two prompts. This tendency to focus initially on the medium of the research, a health record, does not invalidate the projective approach. Rather, it signals that respondents are influenced by the presentation of the stimulus and that further prompts are needed to elicit a more complete picture.

#### **What kind of family life do you think she has?**

The choice of an IUD was associated with strong approval of the family life of its user. The number of positive statements exceeds the negative by a multiple of 14. The IUD user is perceived to enjoy a stable family life (80 percent), care about her family (36 percent), and be modern, well off, and well organized (31 percent).

Use of the rhythm method also wins fairly high levels of approval of the user's family life. She, too, is seen to have a stable family life and care about health. Respondents may have had some doubts about the effectiveness of the rhythm method, as suggested by the 20 percent who stated that she seems to have family problems, and the 17 percent who said that she may have health problems that affect her home life. Perhaps some respondents attributed her use of the rhythm method to an inability to adopt a modern method.

The choice of sterilization produced largely negative perceptions of the woman's family life, with 41 percent of respondents inferring that she seems to have family problems, and 39 percent that she has many health problems that affect her home life. Again, respondents may have imagined that the presence of health problems was her justification for adopting VSC.

**Table 8. Opinions of family life, by contraceptive method**

| <b>Open-Ended Responses</b>                                  | <b>IUD</b> | <b>Rhythm</b> | <b>VSC</b> |
|--|------------|---------------|------------|
| <b>N</b>   | <b>45</b>  | <b>46</b>     | <b>44</b>  |
|  | <b>%</b>   | <b>%</b>      | <b>%</b>   |
| <b>Approval</b>  |            |               |            |
| "They are a modern, well off, well organized family."        | 31         | 11            | 16         |
| "She cares about health issues."                             | 33         | 39            | 14         |
| "She has a stable family life."                              | 80         | 63            | 39         |
| "She cares about her family."                                | 36         | 26            | 2          |
| "She plans her family."                                      | 27         | 15            | 14         |
|  |            |               |            |
| <b>Disapproval</b>   |            |               |            |
| "She seems to have family problems."                         | 7          | 20            | 41         |
| "She has many health problems that affect her home life."    | 4          | 17            | 39         |
| "She does not seem to know what is suitable for her family." | 4          | 11            | 16         |

### **What kind of wife and mother do you think she is?**

All three of the method users were perceived as taking care of their husbands and children. The IUD user was distinguished from the users of the other two methods for liking to plan her family; being modern, well educated, and well organized; being satisfied with a small family; and loving her husband and discussing family matters with him. The image projected is that the IUD is a laudable choice, made by the husband and wife together for the good of their family.

Respondents seem to have been drawn to the woman choosing the rhythm method, as well, attributing to her most of the positive qualities accorded the IUD user. The rhythm method user differed, however, in having fewer respondents describe her as being modern, well educated, and well organized, or satisfied with a small family. The implication is that this woman has opted for an old-fashioned method of contraception, and an unplanned child will probably soon come along. Although only 11 percent of respondents expressed the view that the woman is afraid of her husband, there may be a suggestion here that she would prefer to use a more reliable method, but has chosen or been forced to defer to her husband's traditional opinions.

The woman choosing sterilization was perceived by appreciable numbers of respondents to be poor and unable to cope with her husband and children, not well educated and caring, and even not well nourished and healthy. Sterilization, therefore, is somewhat stigmatized, and is associated in women's minds with disadvantaged members of society. This stigma will clearly limit acceptance and expansion of VSC as a method of fertility regulation.

**Table 9. Opinions of mothering, by contraceptive method**

| Open-Ended Responses   | IUD | Rhythm | VSC |
|--|-----|--------|-----|
| N  | 45  | 46     | 44  |
| %  | %   | %      | %   |
| <b>Approval</b>  |     |        |     |
| "She cares for her husband and children."                            | 78  | 80     | 64  |
| "She is modern, well educated, and well organized."                  | 31  | 17     | 11  |
| "She likes to plan her family."                                      | 38  | 28     | 30  |
| "She is satisfied with a small family."                              | 38  | 11     | 18  |
| "She cares to have healthy children by going for regular check-ups." | 22  | 22     | 2   |
| "She loves her husband and discusses family matters with him."       | 49  | 28     | 20  |
|  |     |        |     |
| <b>Disapproval</b>   |     |        |     |
| "They are poor, and she can't cope with her husband and children."   | 7   | 11     | 20  |
| "She is not well educated."  | 2   | 2      | 16  |
| "She is afraid of her husband."                                      | 2   | 11     | 11  |
| "She is not well nourished and healthy."                             | 2   | 7      | 23  |
| "She does not care about her family."                                | 4   | 7      | 9   |
| "She does not like children."  | 4   | 2      | 7   |
| "She dominates her husband."   | 7   | 2      | 14  |
| "She thinks more of herself than of her children."                   | 2   | 4      | 7   |

### **What kind of person is she in the community?**

Responses to this prompt generally appear to divide those who are in from those who are out. Statements indicating that the woman was perceived as in included that she has good relations with the people, is well regarded in society, maintains good social standing, and plans for herself and her community. A woman who was seen as out was said to spend a lot of time on herself, not to have much time to socialize, and to be overburdened with responsibilities. Interestingly, very few respondents ventured that the woman was a leader; perhaps there is little in a health record to suggest leadership.

The IUD user was seen as a pillar of her community, thanks to her education, her ability to organize her family and social activities, and her good social standing, and good relations with people. Respondents also saw her spending a lot of time on herself, which may indicate they perceived her as belonging to the middle class. This could be positive in the sense of being aspirational or negative if it reflects the belief of lower socio-economic class women that the IUD is not for them.

The woman who chose the rhythm method was seen positively as having good relations with people in her community, and planning things for herself and her community. However, hers may be a different community from that of the IUD user. The traditional method user was scarcely associated with good social standing at all, and respondents characterized her as not having much time to socialize, being overburdened with responsibilities, and being old-fashioned and willing to risk her health. This may place her in the working class less privileged than the IUD user. Alternatively, the traditional method user may be in the same social class, but just not in. In either case, it seems fair to say that she is not in the mainstream of society, in the views of the respondents.

Respondents described the woman choosing sterilization in similar terms to the woman choosing the rhythm method, but with more references to her being not well educated and not aware of new developments, old-fashioned and willing to risk her health, and without much time to socialize. The respondents may have seen her as an underprivileged person struggling to make ends meet, choosing sterilization out of desperation.

**Table 10. Place in the community, by contraceptive method**

| <b>Open-ended Responses</b>                                    | <b>IUD</b> | <b>RHYTHM</b> | <b>VSC</b> |
|--|------------|---------------|------------|
| <b>N</b>   | <b>45</b>  | <b>46</b>     | <b>44</b>  |
|  | <b>%</b>   | <b>%</b>      | <b>%</b>   |
| <b>Approval</b>  |            |               |            |
| "She has good relations with the people in her community."     | 51         | 35            | 34         |
| "She is well educated and well regarded in society."           | 29         | 17            | 14         |
| "She plans things for herself and her community."              | 18         | 20            | 11         |
| "She maintains a good social standing."                        | 27         | 4             | 16         |
| "She is well organized in family and social matters."          | 36         | 13            | 23         |
| "She is concerned to have a suitable number of children."      | 4          | 11            | 11         |
| "She is a leader."   | 2          | 7             | 9          |
|  |            |               |            |
| <b>Disapproval</b>   |            |               |            |
| "She spends a lot of time on herself."                         | 22         | 13            | 14         |
| "She does not have much time to socialize."                    | 18         | 30            | 39         |
| "She is not well educated, and not aware of new developments." | 7          | 9             | 23         |
| "She is old-fashioned, and willing to risk her health."        | 2          | 11            | 14         |
| "She is overburdened with responsibilities."                   | -          | 11            | 7          |

### **Do you think she is a person who takes risks, or is she conservative?**

It seems that the respondents did not value risk-taking. Statements that contained the word conservative are generally positive. Three of the four statements containing the word risk are clearly negative.

As elsewhere, the most negatives were recorded for the VSC user, who was seen as taking risks by using a method that may bring unfortunate consequences for her family.

In the same vein, 24 percent thought the IUD user was taking risks because she had begun to use an IUD after having only three children and could be jeopardizing her chances of further pregnancies if the IUD damaged her uterus. Other research has found that this is a prevalent view: IUDs may cause damage.<sup>1</sup> Many of the respondents' comments seem to reflect the belief that that contraception should be used only after all the children wanted have been born. Aside from this concern, the IUD user was seen as conservative rather than risk-taking.

The user of the rhythm method was seen as a risk taker because of the perceived unreliability of her method.

<sup>1</sup> Even progressive doctors tend to recommend IUDs primarily for women who have completed their families (Bernhart, Bagaeen, and Cubeisy, 2000).

**Table 11. Conservatism vs. risk-taking, by contraceptive method**

| <b>Open-ended responses</b>   | <b>IUD</b> | <b>Rhythm</b> | <b>VSC</b> |
|---|------------|---------------|------------|
| <b>N</b>  | <b>45</b>  | <b>46</b>     | <b>44</b>  |
|   | <b>%</b>   | <b>%</b>      | <b>%</b>   |
| <b>Takes risks</b>  |            |               |            |
| "She takes risks, and does not weigh the effects of her actions."           | -          | -             | 73         |
| "She takes risks because she chose an unreliable method."                   | 2          | 41            | -          |
| "She takes risks in choosing contraception after only three children."      | 24         | -             | -          |
| "She takes risks in making decisions regardless of others."                 | 11         | 7             | -          |
|   |            |               |            |
| <b>CONSERVATIVE</b>   |            |               |            |
| "She is conservative she spaces her children."                              | 18         | 4             | 2          |
| "She is conservative, and chose a well tried method."                       | 18         | -             | -          |
| "She is conservative, satisfied with 3 children, and chose a sound method." | 20         | 2             | -          |
| "She is conservative, and always concerned about her health."               | 11         | 30            | 2          |
|   |            |               |            |
| <b>Realistic</b>  |            |               |            |
| "Can't tell if she is conservative or takes risks, but she is realistic."   | 7          | 4             | 5          |

### **Do you think she is a modern or a traditional person?**

Respondents did not appear to value being traditional. The two sets of statements given by the respondents whose chose the answer traditional are unflattering she will not change her way of life, and she chose an inappropriate method. Being modern, in contrast, is used in conjunction with the idea of maintaining a good standard of living, liking to try new things, caring about health and appearance, and using contraception.

The IUD user was perceived as modern, particularly in terms of planning her family, using a modern method of contraception, and maintaining a good standard of living.

Some of the respondents ascribed modern characteristics to the woman who had chosen the rhythm method, but she was also perceived as unwilling to change her way of life, and of having chosen an inappropriate method. Recall, however, that in answer to the first open-ended question, the rhythm method user was seen as modern by one-fourth of the respondents.

The woman choosing sterilization was seen positively as acting to preserve a good standard of living. This was balanced, however, by statements that she would not change her way of life and had opted for an inappropriate method of contraception. It appears that VSC is not regarded as a new thing. Ten respondents volunteered that the IUD user likes to try new things; only one respondent made a similar comment about the sterilized woman.

**Table 12. Modern or traditional woman, by contraceptive method**

| <b>Open-Ended Responses</b>  | <b>IUD</b> | <b>Rhythm</b> | <b>VSC</b> |
|--|------------|---------------|------------|
| <b>N</b>   | <b>45</b>  | <b>46</b>     | <b>44</b>  |
|  | <b>%</b>   | <b>%</b>      | <b>%</b>   |
| <b>Modern</b>  |            |               |            |
| "She is modern, and cares about planning her family."              | 36         | 15            | 11         |
| "She uses a modern method of contraception."                       | 38         | 17            | 16         |
| "She is modern and cares about her health and appearance."         | 13         | 17            | 14         |
| "She is modern and has regular antenatal check-ups."               | 9          | 7             | 5          |
| "She is modern and well educated."                                 | 16         | 15            | 16         |
| "She is modern and strives to maintain a good standard of living." | 38         | 17            | 36         |
| "She is modern and likes to try new things."                       | 22         | 2             | 2          |
| "She is modern and tries to raise her children properly."          | 2          | 2             | 9          |
|  |            |               |            |
| <b>Traditional</b>   |            |               |            |
| "She is traditional and will not change her way of life."          | 18         | 48            | 39         |
| "She is traditional and chose an inappropriate method."            | 4          | 24            | 36         |

### **How well does this mother care for the standard of living of her family?**

When the question of the family's standard of living was put forward, all three women were seen to be doing pretty much as well as they could. Many respondents linked contraception to concern for family welfare. Over half of all comments made in response to this prompt linked care for standard of living with contraception.

The IUD user was seen, marginally, as the most mindful of the advantages family planning bestowed on her household. However, users of the other two methods were not far behind. Trailing by a slight margin was the rhythm method user, perhaps because respondents believed she was not fully committed to fertility regulation.

**Table 13. Caring for family's living standard, by contraceptive method**

| Open-ended responses  | IUD | Rhythm | VSC |
|---|-----|--------|-----|
| N   | 45  | 46     | 44  |
| %   | %   | %      | %   |
| <b>Approval</b>   |     |        |     |
| "She is aware of the economic advantages of family planning."         | 56  | 26     | 41  |
| "She wants her children to have a good education."                    | 40  | 48     | 32  |
| "She has a perfect family with three children."                       | 24  | 30     | 45  |
| "She uses a reliable method to keep her family small."                | 51  | 48     | 48  |
| "She cares for her family by taking care of her own health."          | 9   | 7      | 9   |
|   |     |        |     |
| <b>Disapproval</b>  |     |        |     |
| "Her family's living standards are put at risk by her medical risks." | 2   | 11     | 11  |
| Don't know  | 4   | -      | 2   |

#### **What could you say about this woman's husband?**

Responses to this prompt about the husband parallel those given to the initial prompt about the woman. For example, respondents ascribed the same negatives to the VSC user and her husband. They saw both as uneducated, in financial trouble, not modern, and less concerned about the family.

The choice to use an IUD created for respondents the image of a husband and wife co-operating together to plan their family and live in harmony. Fifty-eight percent answered that the husband helped his wife choose a method, and 47 percent said he loves his wife and cares about his family.

For the rhythm method to work, there must be co-operation between husband and wife, and it many respondents may have recognized this when they rated this husband so positively. If the rhythm method works successfully for a couple, this must reflect well on the husband and his relationship with his wife.

Similarly, doctors in Jordan will not perform an operation to sterilize a woman without her husband's formal written permission, so the VSC user's husband, too, must have been, at least in principle, a party to the contraceptive decision. In fact, many respondents answered approvingly about this husband, characterizing him as helping his wife choose the method, and loving his wife and caring for his family. At the same time, sterilization appears to be seen as the method of last resort for women in poor health or straitened financial circumstances. Many respondents disapproved of the husband for having allowed such a situation to arise, criticizing him for being uneducated and not communicating with his wife, although conceding that he was overburdened by financial obligations. Some respondents may have suspected that the wife had chosen the extreme measure of sterilization against the wishes of her husband and, therefore, that he was controlled by his wife.



**Table 14. Impressions of the fictitious husband, by contraceptive method**

| Open-ended responses  | IUD | Rhythm | VSC |
|---|-----|--------|-----|
| N   | 45  | 46     | 44  |
| %   | %   | %      | %   |
| <b>Approval</b>   |     |        |     |
| "He helps his wife choose a method."                                      | 58  | 57     | 41  |
| "He's satisfied with 3 kids, and lets his wife to use a reliable method." | 36  | 30     | 14  |
| "He loves his wife and cares about his family."                           | 47  | 33     | 25  |
| "He is modern and financially secure."                                    | 20  | 13     | 14  |
| Sub-total   | 161 | 133    | 94  |
| <b>Disapproval</b>  |     |        |     |
| "He is uneducated and uses an unreliable method."                         | 11  | 17     | 34  |
| "He does not communicate with his wife."                                  | 7   | 9      | 16  |
| "He does not take good care of his family's future."                      | 4   | 17     | 11  |
| "He is controlled by his wife."   | 11  | 11     | 23  |
| "He is overburdened with financial obligations."                          | 11  | 2      | 20  |
| Sub-total   | 44  | 56     | 104 |

**If you could ask this woman a question, what would it be?**

Respondents wanted to ask the IUD user about her success with the method. Their motivation seemed to be to seek information of potential personal relevance. Only 35 percent of the women in the subsample were currently using an IUD, and only 36 percent had ever used one. That left many with no firsthand experience with this method, but with apparent curiosity.

The questions respondents would have asked the rhythm method user reflected their doubts about the reliability of the method. Again, personal experience was limited among the subsample, with 9 percent currently using the rhythm method, and 17 percent ever having used it. Thus the questions, Are you sure this method is reliable? How did you convince your husband to use this method? and, Would you like to try a different method?

Sterilization prompted the questions, What made you choose sterilization? and, Would you like to have more children? which could, at least in part, reflect the feeling that a medical report should have revealed more about why woman had taken such an extreme step. Note the contrast in the way the question was phrased to the IUD user Why did you choose and the VSC adopter What made you choose

**Table 15. Questions respondents would ask, by contraceptive method**

| <b>Open-ended responses</b>   | <b>IUD</b> | <b>Rhythm</b> | <b>VSC</b> |
|---|------------|---------------|------------|
| <b>N</b>  | <b>45</b>  | <b>46</b>     | <b>44</b>  |
| <b>Questions would ask</b>  | <b>%</b>   | <b>%</b>      | <b>%</b>   |
| "What made you choose sterilization?"   | -          | -             | 52         |
| "Why did you choose IUD? Did you face any problems with it?"  | 40         | -             | -          |
| "Are you sure this method is reliable?"   | -          | 33            | -          |
| "Would you like to have more children?"   | 18         | 2             | 11         |
| "How did you convince your husband to use this method?"   | 9          | 11            | 2          |
| "Would you like to try a different method?"   | 4          | 13            | -          |
| "When are you going to change and live a normal life?"  | 4          | 2             | 9          |
| "Are you happy with your husband?"  | 4          | 9             | -          |
| "Are you satisfied with this method? Does it have side effects?"  | 2          | 4             | 5          |
| "Do you have any ambition to change your life?"   | 2          | 7             | 5          |
| "How did you manage to maintain your weight?"   | 2          | 7             | -          |
| "Did it occur to you that your husband might marry somebody else now that you have been sterilized, or that he might want more children in the future?" | -          | -             | 7          |

## IMPLICATIONS

When asked to describe a woman from a very brief outline of her medical record, respondents focused on her choice of contraception. They could just as easily have emphasized other items in her record, including her use of prenatal care, relatively infrequent illness three complaints over eight years, but all concentrated in the past four years relatively infrequent visits to the doctor, or absence of serious illness. Perhaps these things did contribute to the impressions they projected. The only variable among the records of the three fictitious women, however, was their contraceptive choice. So, the differences among the subsamples responses reflect the fact that choice of contraceptive method matters to Jordanian women. They feel that the method a woman chooses tells people something important about her.

More specifically, the research offers insights into the images Jordanian women have of these three contraceptive methods:

- VSC is adopted by women who have few other options, who fail to understand the consequences of sterilization, or who are poor mothers and wives. There is clearly a lot of work that must be done before VSC becomes a socially desirable option. These results also underscore the need to preserve the anonymity of VSC adopters.
- The woman who uses the rhythm method user is not living in the same world as those who adopt more modern methods. She seen as more old-fashioned; she is not seen as one of the group. She belongs to a lower socio-economic class than the respondents, or is on the margin of their class.
- The IUD adopter strikes other women as well-liked, intelligent, a good mother and wife, and so on. She has chosen wisely, and women are interested in knowing how the method is working for her.

Women link contraception with care for their families, especially their standard of living. To limit or space births is seen as a responsible act that protects the welfare of family members. Education and marketing campaigns can build on this very positive association.

Jordanian women do not necessarily see being traditional as a good thing, at least not when it comes to contraception or women s health. People often assume that traditional ways are widely cherished in a rapidly changing and unpredictable world. In fact, the study s respondents are more likely to believe that the woman who opts for a traditional family planning method is in danger of having the world leave her behind.

Some of the immediate implications of this research for CMS/Jordan s mission are clear:

- IUD users can be cast as aspire to women. Information about the IUD should put the side effects in proper perspective and suggest how their effects might be minimized. To the extent that providers discourage IUD adoption among low parity women, removal of status-related access barriers may lead to significant increases in IUD use.

- The current reluctance to publicize VSC leaves the stigma of this method unchallenged. This is unfortunate for women who have adopted the method and delays wider adoption of a safe and effective form of contraception. Given the steadily growing acceptance of VSC in other Moslem societies, eventual wide acceptance seems likely in Jordan, and this progress can be encouraged through intelligent use of mass media. A variety of approaches might be effective, such as:
  - depicting thoughtful and wise women who have adopted VSC;
  - indicating that VSC is a truly modern method;
  - exposing the contradictory views within Islam on the method (within Jordan the official position is that VSC is hated as is divorce but not forbidden); and
  - linking VSC to a woman's wish to care for her family's welfare, and to be a good mother and wife.
- The widespread use of traditional methods of contraception in Jordan may be based on fears of modern contraceptives, or problems in gaining access to them, rather than on attachment to tradition as a value in itself. One response to this is to address fears and access barriers directly, while reminding couples of what they already understand: traditional methods are not reliable.

The potential for projective research to uncover people's ideas and feelings about sensitive, personal subjects encourages further application. Other contraceptive methods could be assessed notably oral contraceptives, condoms, and injectables. And a study could be conducted with men to explore how their perceptions of contraceptive choice may differ from those of their wives.

## REFERENCE

Bernhart, M.H., O. Bagaeen, and N. Cubeisy (2000). Provider practices: A study of the treatment practices of female GPs in Amman. Commercial Market Strategies, Amman.